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### **Promoting cultural competency in the nursing care of LGBT patients**

The eight principles of nursing practice set out what constitutes quality nursing and include the values that everyone is treated with dignity and humanity: understanding patients' individual needs, showing compassion and sensitivity and providing care in a way that respects all people equally (RCN, no date). Together with the '6 Cs' of compassionate care: care, compassion, competence, communication, courage and commitment, these principles contribute to a robust framework for quality nursing (NHS England, 2014). Ensuring that these principles lie at the heart of each individual's experience of prevention, treatment and care helps to improve the health of the whole community including that of lesbian, gay, bisexual and trans (LGBT) people. However, some evidence suggests that LGB patients have poorer health and worse healthcare in comparison to the general population (Elliot et al. 2015). Moreover, a report conducted by Stonewall found evidence of a lack of confidence among healthcare staff in their ability to understand and meet the needs of LGB patients (Somerville, 2015) with the majority reporting that they did not consider sexual orientation relevant to people's health needs. A recent parliamentary inquiry found that trans people are let down by the NHS with evidence of practice that contravenes the Equality Act 2010 (House of Commons Equalities Committee (HOCEC), 2016). This *Journal of Research in Nursing* special issue aims to disseminate and advocate for good nursing practice with LGBT patients in their care.

Experiences of illness are mediated by people's social positioning; the concept of holistic care affords understanding that sexual orientation and gender identity have

relevance for the health and well-being of LGBT patients (Evans, 2013). But professionals sometimes believe that treating people equally means treating everyone in the same way. Such an approach, however, does not recognise the multiple impact of stigma, discrimination or the address the heteronormativity which often underpins nursing practice. For example, while women aged 25-65 are invited for cervical screening, there remains an assumption that cervical cancer is associated with sex with men and consequently that lesbian and bisexual women do not require cervical cytology (Fish, 2009). A lesbian or bisexual woman may present for screening and be turned away by the practice nurse because she is not deemed to be eligible or she may be told that she is wasting NHS resources as she is not perceived to be at risk of the disease (Hunt and Fish, 2008). Similarly, young gay and bisexual men may be at increased risk of HIV infection because Sex and Relationship Education in schools fails to address safer sex; moreover, the development of the necessary self-esteem and the personal skills to negotiate safer sex for queer young people are rarely considered. (Many young non-heterosexual people have reclaimed the term queer to describe their affectional and behavioural relationships). Evidence suggests that mental health needs can include depression, anxiety and self-harm (King et al. 2008) which may lead to an increased reliance on substances, such as tobacco, alcohol and recreational drugs. Increased risk of mental health problems are not caused by sexual or gender identities, but can constitute the *sequelae* related to discrimination or perceived lack of acceptance (Clark, 2014).

Research highlights that nurses and other health professionals may be embarrassed or uncomfortable in providing care for LGBT patients (Hinchliffe et al. 2005). Studies have shown that nurses are sometimes reluctant to ask about a patient's sexual orientation from fear of intruding into what is perceived to be a private matter (Lim et al. 2014). Nurses

sometimes say that there are no opportunities to enquire about sexual orientation and gender identity, yet recent research provided numerous moments during the patient journey where disclosure may be facilitated (Fish and Williamson, under submission). Not all patients wish to disclose their sexual orientation to nursing and other healthcare professionals, but nurses can actively take steps to facilitate coming out if this is the patient's wish. Being aware of those moments that matter can enable nurses to do this in a sensitive and culturally competent way. Some people are uncomfortable in identifying themselves along a queer - heterosexual continuum, particularly if they have been victims of discrimination or fear poor healthcare. Cultural competence in nursing with non-heterosexual communities acknowledges that people's identity, desire and behaviour are complex domains: their attraction to and behaviour with others may not always correspond with the terminology they use to describe themselves. The impact of labelling may be affirmative for some people, but for others may contribute to prejudice, stigma and discrimination. Studies reveal that practitioners are concerned about appropriate terminology or of offending patients (Lim et al. 2013). In particular, nurses should be equipped to understand the role of significant others in informal caregiving and recovery and to enable nurses to respond sensitively to questions about the impact of treatment on well-being. For example, how will treatment for prostate cancer impact on a gay man's sexual relationships? How might nurses show compassion to a transman with breast cancer who feels his masculinity has been threatened by the disease and has become increasingly isolated from social networks during the course of his treatment (Fish and Harris, 2012). In accessing healthcare, many LGBT people wish that their sexual orientation and gender identity is not merely tolerated but actively promoted and valued.

An inquiry into the treatment of trans people in NHS services found that trans patients are often nervous about accessing healthcare because they are not treated sympathetically and it found evidence of a lack of training and cultural competency about their distinctive health needs (HoCEC, 2016). The disclosure of gender identity in healthcare is protected in legislation by section 22 of the Gender Recognition Act 2004 except in cases where nondisclosure may cause harm. In providing care for trans people, nurses must take the cue from patients, taking care to respect their right to privacy and using the pronouns and name that the patient uses to describe themselves. Research into the health and healthcare needs of trans patients is urgently needed in the NHS.

Although a number of studies have investigated the inclusion of LGBT care needs in the nursing curriculum, for example, in the USA (Brennan et al 2012; Lim et al. 2014; Carabez et al. 2015) and Sweden (Rondahl, 2009) there have been no recent studies conducted in a UK context. It is therefore unsurprising that there has been little attention to LGBT patients' needs in many university programmes for nursing and a lack of confidence in nursing care. Without appropriate self-reflection, underlying attitudes, feelings and beliefs can sometimes hinder a genuine therapeutic relationship. The clinical and nursing educational research reviewed in this paper suggests that too few nurses make a habit of routinely addressing sexual orientation and gender identity issues and how they may influence illness prevention or nursing care. Academic and clinical educators need to provide specific knowledge, support the development of appropriate attitudes, together with competent skills and regular habits on how to address these needs with compassionate care. Existing guidance provides a framework which underpins good quality nursing care for LGBT patients where nurses are knowledgeable, able to communicate sensitively and show insight into individual need. Putting patients at the centre of care and involving partners and

carers in decision-making about treatment ensures that care is tailored in ways which take account of patients' preferences and needs. This personalised care is likely to be of a high standard and obtain the best possible outcomes for the health and well-being of LGBT patients.

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